

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE |
|--------------------|----------|------|------------------------|------|------------------------|------|--------------|--|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. DEP. IND. DEP. IND. DEP. |
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| TOTAL IND. | 2 | ↓ | | ↓ | | ↓ | TOTAL IND. | ↓ |
| TOTAL DEP. | 18 | ← | | ← | | ← | TOTAL DEP. | ← |
| TOTAL CLAIMS | 20 | | | | | | TOTAL CLAIMS | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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